

DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM

CHAPTER 330 RATES FOR LOCAL GOVERNMENT RETIREES

MEDICARE AND NON-MEDICARE MONTHLY RATES

EFFECTIVE 1/1/2015 TO 12/31/2015

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
AETNA FREEDOM10 #018, 26B — <i>PPO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$435.74
Single — On Medicare	\$156.62
Member & Spouse/Partner — No Medicare	\$950.06
Member & Spouse/Partner — One on Medicare	\$529.48
Member & Spouse/Partner — Both on Medicare	\$313.26
Family — No Medicare	\$1,080.76
Family — One on Medicare	\$654.70
Family — Both on Medicare	\$406.19
Parent & Child — No Medicare	\$610.07
Parent & Child — Retiree on Medicare	\$247.99
NJ DIRECT10 #050, 250 — <i>PPO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$426.12
Single — On Medicare	\$154.21
Member & Spouse/Partner — No Medicare	\$929.09
Member & Spouse/Partner — One on Medicare	\$517.79
Member & Spouse/Partner — Both on Medicare	\$308.42
Family — No Medicare	\$1,056.90
Family — One on Medicare	\$640.28
Family — Both on Medicare	\$399.93
Parent & Child — No Medicare	\$596.61
Parent & Child — Retiree on Medicare	\$244.16
AETNA FREEDOM15 #180, 26C — <i>PPO Plan with \$15 Primary Care Copayment</i>	
Single — No Medicare	\$377.76
Single — On Medicare	\$132.19
Member & Spouse/Partner — No Medicare	\$823.56
Member & Spouse/Partner — One on Medicare	\$448.63
Member & Spouse/Partner — Both on Medicare	\$264.37
Family — No Medicare	\$936.87
Family — One on Medicare	\$557.33
Family — Both on Medicare	\$342.80
Parent & Child — No Medicare	\$528.88
Parent & Child — Retiree on Medicare	\$209.29
NJ DIRECT15 #150, 251 — <i>PPO Plan with \$15 Primary Care Copayment</i>	
Single — No Medicare	\$368.72
Single — On Medicare	\$130.02
Member & Spouse/Partner — No Medicare	\$803.85
Member & Spouse/Partner — One on Medicare	\$437.75
Member & Spouse/Partner — Both on Medicare	\$260.02
Family — No Medicare	\$914.44
Family — One on Medicare	\$543.86
Family — Both on Medicare	\$337.17
Parent & Child — No Medicare	\$516.21
Parent & Child — Retiree on Medicare	\$205.84

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AETNA HMO #019, 252 — <i>HMO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$343.94
Single — On Medicare	\$210.29
Member & Spouse/Partner — No Medicare	\$750.31
Member & Spouse/Partner — One on Medicare	\$503.48
Member & Spouse/Partner — Both on Medicare	\$420.57
Family — No Medicare	\$853.90
Family — One on Medicare	\$601.10
Family — Both on Medicare	\$485.56
Parent & Child — No Medicare	\$482.06
Parent & Child — Retiree on Medicare	\$265.94
HORIZON HMO #011, 266(1) — <i>HMO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$335.07
Single — On Medicare	\$207.72
Member & Spouse/Partner — No Medicare	\$730.98
Member & Spouse/Partner — One on Medicare	\$492.34
Member & Spouse/Partner — Both on Medicare	\$415.44
Family — No Medicare	\$831.90
Family — One on Medicare	\$587.43
Family — Both on Medicare	\$479.18
Parent & Child — No Medicare	\$469.64
Parent & Child — Retiree on Medicare	\$262.18
AETNA FREEDOM1525 #063, 269 — <i>PPO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$328.86
Member & Spouse/Partner — No Medicare	\$716.92
Family — No Medicare	\$815.54
Parent & Child — No Medicare	\$460.42
NJ DIRECT1525 #051, 254 — <i>PPO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$320.22
Single — On Medicare	\$100.06
Member & Spouse/Partner — No Medicare	\$698.08
Member & Spouse/Partner — One on Medicare	\$360.08
Member & Spouse/Partner — Both on Medicare	\$200.11
Family — No Medicare	\$794.12
Family — One on Medicare	\$452.37
Family — Both on Medicare	\$259.47
Parent & Child — No Medicare	\$448.32
Parent & Child — Retiree on Medicare	\$158.42

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AETNA HMO1525 #061, 256 — <i>HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$250.75
Single — On Medicare	\$161.93
Member & Spouse/Partner — No Medicare	\$546.62
Member & Spouse/Partner — One on Medicare	\$360.91
Member & Spouse/Partner — Both on Medicare	\$323.89
Family — No Medicare	\$621.84
Family — One on Medicare	\$432.09
Family — Both on Medicare	\$365.04
Parent & Child — No Medicare	\$351.04
Parent & Child — Retiree on Medicare	\$195.12
HORIZON HMO1525 #053, 267(1) — <i>HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$242.91
Single — On Medicare	\$159.37
Member & Spouse/Partner — No Medicare	\$529.55
Member & Spouse/Partner — One on Medicare	\$350.75
Member & Spouse/Partner — Both on Medicare	\$318.73
Family — No Medicare	\$602.41
Family — One on Medicare	\$419.69
Family — Both on Medicare	\$358.90
Parent & Child — No Medicare	\$340.08
Parent & Child — Retiree on Medicare	\$191.65
AETNA FREEDOM2030 #064, 26A — <i>PPO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$279.78
Member & Spouse/Partner — No Medicare	\$609.92
Family — No Medicare	\$693.84
Parent & Child — No Medicare	\$391.69
NJ DIRECT2030 #052. 255 — <i>PPO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$271.65
Single — On Medicare	\$90.38
Member & Spouse/Partner — No Medicare	\$592.21
Member & Spouse/Partner — One on Medicare	\$303.72
Member & Spouse/Partner — Both on Medicare	\$180.76
Family — No Medicare	\$673.68
Family — One on Medicare	\$382.18
Family — Both on Medicare	\$234.38
Parent & Child — No Medicare	\$380.30
Parent & Child — Retiree on Medicare	\$143.11

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AETNA HMO2030 #062, 257 — <i>HMO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$205.35
Member & Spouse/Partner — No Medicare	\$447.65
Family — No Medicare	\$509.26
Parent & Child — No Medicare	\$287.48
HORIZON HMO2030 #054, 268(1) — <i>HMO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$197.99
Single — On Medicare	\$147.80
Member & Spouse/Partner — No Medicare	\$431.62
Member & Spouse/Partner — One on Medicare	\$295.86
Member & Spouse/Partner — Both on Medicare	\$295.60
Family — No Medicare	\$491.02
Family — One on Medicare	\$351.97
Family — Both on Medicare	\$330.12
Parent & Child — No Medicare	\$277.19
Parent & Child — Retiree on Medicare	\$174.69
AETNA VALUE HD4000 #092, 262(2) — <i>High Deductible health plan with \$4,000 in-network deductible</i>	
Single — No Medicare	See Note 3)
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	
NJ DIRECT HD4000 #090, 260(2) — <i>High Deductible health plan with \$4,000 in-network deductible</i>	
Single — No Medicare	See Note 3)
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	

Retirees in plans above are provided a prescription drug plan administered by Express Scripts

Retirees who are eligible for State paid health benefits under the provisions of Chapter 330, P.L. 1998 pay the Retiree Share

1) *Horizon HMO service area for Plan #011, #053, and #054 is limited to New Jersey, Delaware, and parts of Pennsylvania and New York*

2) *The following plans are not available to Medicare eligible retirees and retirees with Medicare eligible dependents: AETNA FREEDOM1525 (#063), AETNA FREEDOM2030 (#064), AETNA HMO2030 (#062), AETNA VALUE HD4000 (#090), and NJ DIRECT HD4000 (#092)*

3) *In Plan Year 2015 retirees who subscribe to the High Deductible health plans and retired prior to the provision of Chapter 78, P.L. 2011 — State will cover the cost of monthly premium.*

In Plan Year 2015 retirees who subscribe to the High Deductible health plans and are subject to the provision of Chapter 78, P.L. 2011 — Retiree will pay retiree share of 1.5% of pension allowance